SECOND REGULAR SESSION

SENATE BILL NO. 1231

93RD GENERAL ASSEMBLY

INTRODUCED BY SENATOR DOUGHERTY.

Read 1st time March 1, 2006, and ordered printed.

5467S.01I

TERRY L. SPIELER, Secretary.

AN ACT

To amend chapter 208, RSMo, by adding thereto one new section relating to Medicaid benefits.

Be it enacted by the General Assembly of the State of Missouri, as follows:

Section A. Chapter 208, RSMo, is amended by adding thereto one new 2 section, to be known as section 208.665, to read as follows:

208.665. 1. Subject to a waiver of federal statutory requirements as provided for and authorized by the federal Social Security Act, 42 U.S.C. 301, et seq., medical assistance shall be provided for persons diagnosed with cancer, except the following:

- 5 (1) Persons having an income of more than four hundred percent 6 of the federal poverty level;
- 7 (2) Persons who have coverage under health insurance or an 8 insurance arrangement, except that this exclusion shall not apply to a 9 person who has such coverage but whose premiums have increased to 10 three hundred percent or more of rates established by the department 11 of insurance as applicable for individual standards risks;
- (3) Persons who are eligible for continuation or conversion of insurance coverage under 29 U.S.C. 1161 to 29 U.S.C. 1168, 42 U.S.C. 300bb-8, sections 376.395 to 376.404, RSMo, or section 376.428, RSMo, except that this exclusion shall not apply to a person who has such coverage but whose premiums have increased to three hundred percent or more of rates established by the department of insurance as applicable for individual standards risks;
- 19 (4) Persons who have been diagnosed with breast or cervical 20 cancer and who are eligible under subdivision (25) of section 208.151, 21 except that any person who has been diagnosed with breast or cervical

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under the provisions of this section;

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cancer and who is ineligible under subdivision (25) of section 208.151, 2223shall be eligible under this section so long as such person is eligible

- 25(5) Persons who qualify for medical assistance under section 208.151, or any other provision under chapter 208, RSMo; or 26
- 27 (6) Persons who are eligible for Medicare coverage.
 - 2. The division of medical services shall establish a nine-month look back period to review whether any person applying for medical assistance under this section willfully dropped adequate health insurance or an insurance arrangement. If the division determines that such coverage was dropped in anticipation of obtaining or with an intent to obtain eligibility for medical assistance benefits under this section, the division shall have available all remedies and sanctions permitted under federal and state law regarding such action by the applicant. For purposes of this section, "adequate health insurance or an insurance arrangement" means coverage described in subdivisions (2) and (3) of subsection 1 of this section, except that the premiums are less than three hundred percent of rates established by the department of insurance as applicable for individual standard risks.
 - 3. The family support division may require any recipient of medical assistance under this section to pay part of the charge or cost of services as defined by rule promulgated by the division of medical services.
- 4. Any rule or portion of a rule, as that term is defined in section 536.010, RSMo, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to 47all of the provisions of chapter 536, RSMo, and, if applicable, section 48 536.028, RSMo. This section and chapter 536, RSMo, are nonseverable 49 and if any of the powers vested with the general assembly pursuant to 5051chapter 536, RSMo, to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, 52then the grant of rulemaking authority and any rule proposed or 53adopted after August 28, 2006, shall be invalid and void.

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